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# Somalia

## Humanitarian Situation Report

May 2016 – SOMALIA SITREP #05

SITUATION IN NUMBERS<sup>1</sup>

### Highlights

- Since the start of the year, over 9,000 cases of Acute Watery Diarrhoea (AWD)/cholera have been reported in Somalia. With 441 deaths recorded, the case fatality rate (CFR) stands at 4.8 per cent, well above the 1 per cent emergency threshold. Banadir, Bay, Lower and Middle Juba, Lower and Middle Shabelle, and Hiraan are the most affected regions, with the cholera outbreak confirmed in 15 districts to date. Children under-5 bear the biggest brunt; according to WHO, children account for 58 per cent of the cases and 64 per cent of the deaths.
- An estimated 70,000 people have been displaced by floods in Belet Weyne, Hiraan region, with nearly 60 per cent of the town under water. It is reportedly the worst flooding that has occurred since 1981. As Belet Weyne is a traditional AWD/cholera hotspot, there is a high risk of disease outbreak as a result of the flooding, including of malaria. Priority interventions include the provision of hygiene kits and mosquito nets, combined with social mobilization and hygiene promotion efforts. In addition, 31 schools have been affected and the education of 5,547 learners disrupted. Ten separated children have been also been identified by UNICEF and partners.

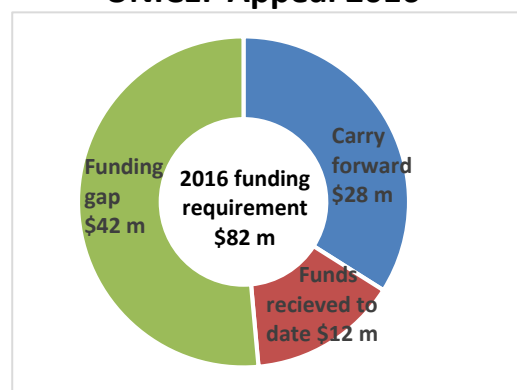
**4.7 million**

People in need of humanitarian and livelihood support

**305,000**

Acutely malnourished children under-5

### UNICEF Appeal 2016\*



\*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year

Indicators	Cluster for 2016			UNICEF for 2016		
	Cluster Target	Cumulative results (#)	Target achieved (%)	UNICEF Target	Cumulative results (#)	Target achieved (%)
<b>Health:</b> # of children under-1 vaccinated against measles				445,000	85,303	19.2%
<b>Nutrition:</b> # of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	35,124	23.4%	108,750	34,505	23%
<b>WASH:</b> # of people with sustained access to safe water	1,230,000	221,636	18%	250,000	91,352	36.5%
<b>Education:</b> # of children and adolescents (girls/boys) have access to education in emergencies	200,000	74,332	37.2%	50,400	26,021	51.6%
<b>Child Protection:</b> # children (girls/boys) formerly associated with armed forces and armed groups and other vulnerable children provided with inclusive reintegration services <sup>2</sup>	3,000	1,264	42.1%	3,000	1,264	42.1%
<b>Social Protection:</b> # of households receiving regular, monthly, unconditional cash				16,000	0	0%

<sup>1</sup> Humanitarian Bulletin, OCHA, April 2016.

<sup>2</sup> The programmes run for a year and these figures are from projects initiated in 2016 and ending in April 2016.

## Situation Overview and Humanitarian Needs

Since the start of the year, over 9,000 cases of Acute Watery Diarrhoea (AWD)/cholera have been reported in Somalia. With 441 deaths recorded<sup>3</sup>, the case fatality rate (CFR) stands at 4.8 per cent, well above the 1 per cent emergency threshold. Banadir, Bay, Lower and Middle Juba, Lower and Middle Shabelle, and Hiraaan are the most affected regions, with the cholera outbreak confirmed in 15 districts to date. Children under-5 bear the biggest brunt; according to WHO, children account for 58 per cent of the cases and 64 per cent of the deaths. Ongoing rains, floods and displacements in parts of southern Somalia have likely contributed to the expansion of the outbreak. A significant number of AWD/cholera cases have also been confirmed in border areas of Kenya and Ethiopia.

An estimated 70,000 people have been displaced by floods in Belet Weyne, Hiraaan region, with nearly 60 per cent of the town under water. It is reportedly the worst flooding that has occurred since 1981. As Belet Weyne is a traditional AWD/cholera hotspot, there is a high risk of disease outbreak as a result of the flooding, including of malaria. Priority interventions include the provision of hygiene kits and mosquito nets, combined with social mobilization and hygiene promotion efforts. In addition, 31 schools have been affected and the education of 5,547 learners disrupted. Ten separated children have been also been identified by UNICEF and partners. An inter-cluster mission planned in June will further assess the medium term needs, in particular the rehabilitation of water points, latrines and schools.

## Humanitarian Leadership and Coordination

UNICEF actively participates in the Humanitarian Country Team, Humanitarian Heads of Agencies meetings, and the Inter-Cluster Working Group, which lead strategic and cross-sectoral coordination of humanitarian programmes. UNICEF is also an active member of the Civil-Military Working Group and Access Task Force. UNICEF leads the WASH and Nutrition Clusters and the Child Protection Working Group, and co-leads the Education Cluster. The operational capacity of the UNICEF-led Clusters is significant, with a network of over 140 partners each, including sub-regional coordinators in over 15 regions. The network ensures access to information, coordination and interventions in hard-to-reach and inaccessible areas.

## Humanitarian and Resilience Strategy

UNICEF aims to prevent mortality and morbidity with the provision of an integrated package of curative and preventive nutrition interventions and primary health care services. Eradication of polio remains a top priority and efforts are made to immunise all children, combined with emergency measles vaccination campaigns to prevent outbreaks. Following the AMISOM offensives since March 2014, UNICEF is ensuring that a package of basic life-saving interventions is also provided in newly accessible areas, whilst maintaining neutrality and impartiality.

UNICEF continues to work on strengthening the implementation capacity of Government and partners. Life-saving and resilience initiatives are also promoted by increasing access to safe water; promoting emergency sanitation; extending community-led total sanitation approaches to flood, drought and disease-prone areas; and maintaining immediate response capacity through nine supply hubs across Central South Somalia. UNICEF supports the disengagement and reintegration of children associated with armed groups, monitors and reports on grave violations, while preventing and responding to gender-based violence (GBV). Furthermore, UNICEF works to improve access, quality and capacity for provision of emergency education. These interventions contribute to the joint UNICEF, FAO and WFP resilience programming which aims to address the interrelated causes of malnutrition through multi-sectoral interventions at community level. The aim is to build community capacity to anticipate and deal with recurrent shocks in their environment with a package which further includes support to schools as an important entry point for nutrition support, behaviour change interventions and quality education.

In response to the AWD/cholera outbreak, and in line with its mandate and core commitments to children in emergencies (CCCs), UNICEF has scaled up its health, WASH and communication for development (C4D) interventions in affected areas in hotspots. The integrated response focuses on supporting treatment at facility level; providing a comprehensive package of essential health and WASH supplies; hygiene promotion; and capacity building of health staff.

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<sup>3</sup> Cholera situation in Somalia, WHO, 01 June 2016.

## Summary Analysis of Programme Response

**HEALTH:** During the reporting period, 42,552 people have directly benefited from life-saving health care and services provided by UNICEF and partners. In response to the AWD/cholera outbreak, UNICEF provided Diarrhoeal Disease kits (DDK) and emergency medicines to partners in Lower Juba, Banadir and Lower Shabelle. UNICEF also supported partners in scaling up AWD/cholera treatment services in hotspots with over 1,590 people treated in May. Emergency primary health care services continued to be provided in newly accessible areas targeting internally displaced people (IDPs) and other vulnerable groups. Some 40,000 people, mainly children under-5 and pregnant women, were treated for various illnesses and diseases. In the northern regions affected by El Niño induced drought, UNICEF and partners continued to support the Ministry of Health (MoH) in expanding integrated and joint mobile health and nutrition services to reach pastoralist populations. An essential package of primary health care interventions continues to be provided, including emergency immunization.

In May, a total of 6,166 children were vaccinated against measles in targeted areas of Central South Somalia. In support of this campaign, UNICEF provided measles vaccines supplies, Vitamin A and antibiotics to existing facilities to provide quality treatment of measles cases. There has been no new polio case detected in Somalia for the past 19 months. As part of the efforts to eradicate polio, UNICEF and partners continue to ensure all children under-5 can be vaccinated, including in harder to reach areas. In Central South Somalia, efforts are under way to continue providing emergency immunization to malnourished children in nutrition facilities.

**NUTRITION:** In May, UNICEF-supported nutrition centres across Somalia admitted 6,219 severely malnourished children with 93.8 per cent recovery rates, 0.6 per cent death rates and 3.8 per cent defaulter rates achieved. Since the start of the year, 34,505 severely malnourished children have been admitted in nutrition programmes. There has been a 70 per cent increase, from 160 cases in April to 274 in May, in the number of severely malnourished children admitted in outpatient therapeutic programmes (OTPs) and stabilization centres (SCs) in Baidoa district. This increase is due to the recurrence of AWD cases and other common childhood illnesses. A similar trend was reported in Buur Hakaba and Kismayo by various implementing agencies. UNICEF and partners intensified severe acute malnutrition (SAM) treatment services and nutrition, health, hygiene promotion (NHHP) activities in AWD/cholera affected areas and hotspot districts of Banadir, Bay, Lower and Middle Juba, Lower and Middle Shabelle and Hiraan. NHHP activities were also scaled up in response to the floods in Belet Weyne district.

In Somaliland, UNICEF supported a five-day OTP training for 36 health staff working in 18 health centres providing SAM treatment services in the rural drought affected areas of Gebiley, Baligubadle and Hargeysa districts of Maroodi Jeex region. Following the training, nutrition supplies and equipment including ready-to-use therapeutic foods (RUTF) were distributed for immediate use for SAM treatment in health centres. This brings the total number of fixed/static sites providing OTP to 85 out of a total 105 health centres in Somaliland. Provision of OTP services continued in all drought-affected regions through 28 mobile teams and fixed health facilities in partnership with the Ministry of Health (MoH) Somaliland and other partners, with 345 severely malnourished children under-5 treated. These facilities also provided some components of the micronutrient supplementation and infant and young child feeding (IYCF) counselling as well as NHHP to pregnant and lactating women.

In Puntland, UNICEF released 600 cartons of RUTF and other essential nutrition supplies to newly established fixed OTP facilities in Sool and Sanaag. As part of the joint UNICEF-WFP augmented response, the two agencies have undertaken an assessment in 36 IDP settlements in Bossaso to map existing nutrition, WASH, health and food security services, as well as to identify potential synergies between programmes.

**WASH:** In May, UNICEF scaled up its WASH response in Belet Weyne to avoid an outbreak of water-borne diseases following the floods that occurred. A total of 2,185 flood-affected households received hygiene kits through the UNICEF-supported Regional Supply Hub (RSH) mechanism. In addition, 42,685 empty sacks were distributed at household level to support the construction of embankments to mitigate the risk of flooding.

In response to the outbreak of AWD/cholera in Lower and Middle Juba, Banadir, Lower and Middle Shabelle, and Bay regions, UNICEF and partners provided 6,952 families with hygiene kits to boost safe hygiene practices and water treatment at household level. Since the beginning of the year, a total of 37,272 emergency (flood and AWD/cholera) affected families have been provided with hygiene kits through the UNICEF-supported RSH mechanism.

In Mogadishu, UNICEF, the MoH and Cluster partners proceeded with the desludging of 519 overflowing pit latrines in Sigale, Taleh and Tarabunka IDP settlements. This served as a preparedness measure in light of the recurrence of AWD cases and enabled an estimated 15,570 IDPs and host communities to regain access to sanitation facilities.

**EDUCATION:** During the reporting period, 15 Temporary Learning Spaces (TLS) with WASH facilities were constructed in Baidoa, benefiting 861 IDP children, including 386 girls. Rehabilitation of eight permanent classroom structures is under way in two primary schools to benefit an additional 589 children, including 218 girls. UNICEF also provided education supplies to support 5,618 children, including 2,059 girls, in Banadir, Bay and Bakool regions. In addition, four TLS were constructed in Bakool region benefiting 209 children, of which 94 are girls. The TLS constructed are supplied with water for latrines improving hygiene through access to hand-washing and school sanitation. Sustainable water in latrines has also been seen to help increase the retention of girls in schools. In Bakool, UNICEF rehabilitated six twin latrines, including access to water for hygiene facilities.

Intensive social mobilization efforts were undertaken in Banadir, Bakool and Baidoa to support enrolment and community sensitization on the importance of education. UNICEF provided training for 83 teachers, including 20 female teachers, from Bay and Bakool on child-centered methodology and psychosocial care for affected children. Furthermore, 140 Community Education Committees (CEC) members, including 46 females, were trained on school management and awareness raising skills on education.

**CHILD PROTECTION:** In May, the Country Task Force on Monitoring and Reporting documented 200 grave violations against children in Central South Somalia, affecting 156 boys and 24 girls. The majority of these violations were on recruitment and use (76), followed by abduction and detention of children (45). There are currently 43 children (all boys) benefiting from UNICEF-supported community-based reintegration programmes in Mogadishu. These children, captured during a military offensive between the Galmudug forces and Al Shabaab in March, were handed over to UNICEF and partners by the Galmudug Administration in May after being in detention in Gaalkacyo prison from March.

During the reporting period, UNICEF and partners identified 192 unaccompanied and separated children (UASC) in various locations (81 girls; 111 boys). These children were supported with reunification, interim care services, medical assistance and material support. UNICEF implementing partners also assisted 261 GBV survivors, including 153 girls, 33 boys, 73 women and 2 men. An additional 5,166 community members (3,098 women and girls; 2,068 men and boys) participated in community outreach and awareness raising events to prevent GBV and enhance knowledge of referral services.

**CASH TRANSFERS AND SOCIAL PROTECTION:** UNICEF supports predictable, long-term, resilience-oriented approaches to social protection, which incorporate prevention and promotional activities in addition to basic health and livelihood protection. This type of programming requires consistent financing, to ensure that households are provided with a basic level of support throughout the year, not solely during lean seasons or in response to climactic shocks. Timely funding over the coming months is critical to ensure UNICEF's social protection work in 2016 can roll-out a year-long, monthly unconditional cash transfer to labour-constrained households. In the absence of a level of financing which would allow UNICEF to implement consistent and predictable transfers and achieve the desired impacts, the cash transfer programme has been suspended as of March 2016. Should the requisite funding be received, the cash programme will be re-initiated in line with the guiding principles for effective social protection programming.

**Communication for Development (C4D):** In May, key messages to support general awareness and prevention on AWD/cholera in Central South Somalia were developed jointly with the MoH. In the northern regions, comprehensive social mobilization activities were carried out to support polio immunization campaigns in hard-to-reach areas, targeting 282,980 children under-5 in remote and nomadic areas.

**Supply and Logistics:** Accessibility in Gedo, Bay, Hiraan and Galmudug regions continues to be reviewed on a case by case basis for multimodal transportation. Accessibility constraints impact lead times for most deliveries in Central South Somalia, including proof of deliveries.

**Funding:** In 2016, UNICEF is appealing for US\$ 82,268,287 to meet the humanitarian needs of women and children in Somalia in line with the country's inter-agency 2016 Humanitarian Response Plan. As of 17 June, UNICEF has a funding gap of 51 per cent.

The funding gap detailed in the table below includes carry-forward from 2015; most of the carry-forward funding is being used to settle commitments against the 2015 appeal. Specific funding needs against the 2016 inter-agency humanitarian appeal can be obtained from the OCHA Financial Tracking Service <https://fts.unocha.org/>.

UNICEF wishes to express its sincere gratitude to all public and private sector donors for the contributions and pledges received. Continued donor support is critical to maintaining and scaling up the response. UNICEF encourages un-earmarked, longer term and predictable funding, as it gives essential flexibility to direct resources to ensure delivery of life-saving supplies and interventions where they are needed most.

2016 Funding Requirements				
Appeal Sector	Requirements*	Funds available**	Funding gap	
			US\$	%
Health	24,782,068	6,410,450	18,371,618	74%
Nutrition	13,158,990	11,353,046	1,805,944	14%
Education	6,006,565	6,541,067	-534,502	-9%
WASH	12,118,224	6,191,849	5,926,375	49%
Child Protection	13,715,372	6,717,487	6,997,885	38%
Cash-based response	12,487,068	2,793,929	9,693,139	78%
Re-evaluations**		(63,351)		
<b>Total<sup>4</sup></b>	<b>82,268,287</b>	<b>39,944,477</b>	<b>42,323,810</b>	<b>51%</b>

\* The requirement for Cluster coordination costs has been included in sub-costs for the nutrition, WASH, child protection and education sectors.

\*\* 'Funds available' includes funding received against current appeal as well as carry-forward from the previous year.

\*\*\* Re-evaluations, both positive and negative, are due to exchange rate fluctuations.

UNICEF Somalia Crisis: [www.unicef.org/Somalia](http://www.unicef.org/Somalia)

UNICEF Somalia Facebook: [www.facebook.com/unicefsomalia](http://www.facebook.com/unicefsomalia)

UNICEF Somalia Appeal: <http://www.unicef.org/appeals/somalia.html>

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<sup>4</sup> The total includes a maximum recovery rate of 8 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.



## Annex A SUMMARY OF PROGRAMME RESULTS

	Cluster Response		UNICEF and IPs	
	2016 Target	Cumulative Results	2016 Target	Cumulative Results
<b>HEALTH</b>				
# children under-1 vaccinated against measles			445,000	85,303
# of children under-5 vaccinated against polio			2,374,950	2,411,548
# of children under-5 and women provided with emergency life-saving health services in high risk areas			450,000	119,595
<b>NUTRITION</b>				
# of children under-5 with Severe Acute Malnutrition admitted in Therapeutic Feeding Programmes	150,000	35,124	108,750	34,505
% of children with SAM under treatment recovered	91%	93.8%	75%	93.7%
% nutrition centers stocked out of essential nutrition supplies	<10%	0.7%	<10%	0.7%
<b>EDUCATION<sup>5</sup></b>				
# of children and adolescents (girls/boys) have access to education in emergencies	200,000 (94,495 F)	74,332 (31,743 F)	50,400 (50% F)	26,021 (43% F)
# of children (girls/boys) benefiting from teaching and learning supplies, including recreational materials	200,000 (94,495 F)	88,715 (36,924F)	50,400 (50% F)	22,155 (45% F)
# of teachers (women/men) receiving training (including life-saving messages, psycho-social support and pedagogical support skills) and monthly incentives – <i>training</i>	7,000 (2,100 F)	1,433 (642F)	500 (20% F)	426 (27% F)
# of teachers (women/men) receiving training (including lifesaving messages, psycho-social support and pedagogical support skills) and monthly incentives – <i>incentives</i>	3,000 (900 F)	1,877 (788F)	500 (20% F)	726 (26% F)
# of CEC members trained to participate in school management	3,000 (900 F)	2,224 (876F)	1,750 (30% F)	469 (37% F)
<b>WATER, SANITATION and HYGIENE</b>				
# of people with sustained access to safe water	1,230,000	221,636	250,000	91,352
# of affected people accessing safe water through temporary means	1,265,000	632,712	642,000	339,839
# of affected people with new access to sanitation facilities	600,000	81,626	200,000	150
# of villages self-declared Open Defecation Free (ODF)	250	0	150	0
# of people with means to practice good hygiene and household water treatment through water filters, purifiers, jerry cans, aqua tabs, etc.	600,000	219,660	510,000	219,660
<b>CHILD PROTECTION</b>				
# of children affected by grave child rights violations <sup>6</sup>	3,000	1,264 (207 F)	3,000	1,264 (207 F)
# of children (girls/boys) formerly associated with armed forces and armed groups and other vulnerable children provided with inclusive reintegration services	2,000	570 (77 F)	2,000	570 (77 F)
# of separated and unaccompanied children identified and registered	6,500	994 (393 F)	3,000	534 (234 F)
#of GBV Survivors (boys/men, girls/women) accessing a package of GBV services (medical, legal, Psychosocial and materials)	8,000	2,005 (1,898 F)	7,248	1,805 (1,741 F)
# of child rights violations that are resolved or referred by CBCP	6,750	3,759 (2,200 F)	6,750	3,759 (2,200 F)
<b>SOCIAL PROTECTION AND CASH TRANSFERS</b>				
# of households able to meet basic food and non-food needs with improved access to services in situations of crisis			16,000	0 <sup>7</sup>

<sup>5</sup> Some of the education results were erroneously reported on in March, where some results from non-emergency interventions had been added. Results have been corrected to reflect actual humanitarian interventions.

<sup>6</sup> This is from the flagship programme - Children Affected by Armed Conflict (CAAC).

<sup>7</sup> The programmes have closed end February 2016

**INTERNAL**

**Security Update:** During the reporting period, Mogadishu remained volatile with low level attacks in Hodan, Waaberi and Dharkenley districts targeting Government security forces. Somali security and intelligence agencies have warned that ‘extremist elements’ are preparing to carry out attacks targeting foreigners in Mogadishu, possibly during Ramadan. In Hiraan region, ‘extremist elements’ have reportedly infiltrated BeletWeyne and areas near Bulo Burto, resulting in continuing insecurity in the two locations. There were also two attacks targeting AMISOM along the BeletWeyne – Jalalaqsi route. In Shabelle region, ISIL reportedly attacked pro-Government forces in Sinkadheer neighbourhood, Afgooye district. Following a series of ambushes against the Somalia National Army (SNA), AMISOM and SNA have launched an operation to clear the Rab Dhuure-Xudur supply route.

In Somaliland, increased presence of ‘extremist elements’ has been reported in Hargeysa. However, there have not been any reports indicating an imminent threat to the UN. In Khatumo State, authorities have announced a ban in Buuhoodle on WFP and Danish Demining Group humanitarian activities. In May, there were three IED attacks on Puntland security forces.

**Media and External Communication:** In May, UNICEF Somalia launched a Digital Reporting Internship programme for young, talented Somali youth offering the opportunity to gain skills and express themselves through blogging, news reporting and photography. The 2015 Annual Report was also finalized and published in hard and soft copy. During the reporting period, the Sweden UNICEF National Committee and a private Swedish Foundation visited UNICEF projects in Somaliland, and a story on the training of female teachers in Somaliland was published on the UNICEF Somalia website: [http://www.unicef.org/somalia/reallives\\_18282.htm](http://www.unicef.org/somalia/reallives_18282.htm)

**Human Resources**

North Eastern Zone					
Category	Male	%	Female	%	Total
IP	4	67	2	33	6
NO	16	84	3	16	19
GS	21	84	4	16	25
<b>Total</b>	<b>41</b>	<b>82</b>	<b>9</b>	<b>18</b>	<b>50</b>

North Western Zone					
Category	Male	%	Female	%	Total
IP	8	80	2	20	10
NO	18	82	4	18	22
GS	19	70	8	30	27
<b>Total</b>	<b>45</b>	<b>76</b>	<b>14</b>	<b>24</b>	<b>59</b>

Central Southern Zone					
Category	Male	%	Female	%	Total
IP	12	71	5	29	17
NO	24	89	3	11	27
GS	30	86	5	14	35
<b>Total</b>	<b>66</b>	<b>84</b>	<b>13</b>	<b>16</b>	<b>79</b>

UNICEF Somalia Support Centre					
Category	Male	%	Female	%	Total
IP	28	56	22	44	50
NO	12	55	10	45	22
GS	17	36	30	64	47
<b>Total</b>	<b>57</b>	<b>48</b>	<b>62</b>	<b>52</b>	<b>119</b>

**Funding:** The table below provides a funding overview that includes funds yet to be allocated.

2016 Funding Requirements				
Appeal Sector	Requirements	Funds available*	Funding gap	
			US\$	%
Health	24,782,068	6,410,450	18,371,618	74%
Nutrition	13,158,990	11,353,046	1,805,944	14%
Education	6,006,565	6,541,067	-534,502	-9%
WASH	12,118,224	6,191,849	5,926,375	49%
Child Protection	13,715,372	6,717,487	6,997,885	38%
Cash-based response	12,487,068	2,793,929	9,693,139	78%
Re-evaluations**		(63,351)		
Un-allocated funds***		9,762,819		
<b>Total</b>	<b>82,268,287</b>	<b>49,707,296</b>	<b>32,560,991</b>	<b>39%</b>

\*‘Funds available’ includes funding received against current appeal as well as carry-forward from the previous year

\*\* Re-evaluations, both positive and negative, are due to exchange rate fluctuations

\*\*\* Includes US\$ 7,180,976 multi-year funding rolled over from 2015, that is yet to be allocated or re-phased

**Supply and Logistics:** As at end of May, Somalia stocks have reduced to US\$17.44 million. Aged stocks over 24 months in warehouses have reduced as of mid-May from US\$ 481,251 to US\$ 291,169. Efforts are still required to dispatch all of these supplies. There are also emergency supplies in zonal warehouses amounting to US\$ 68,500 which have to be released, as well as stocks expiring in less than six months with a risk value of US\$ 582,937.

Sector	UNICEF Humanitarian Supply Plan				UNICEF Warehouse	
	Total Value Supply Plan (SUPPLIES)	Total Value of Supply Plan (SERVICES)	Total Value of Goods/Supplies Ordered	Total Value of Supplies Delivered <sup>8</sup>	Total Value of Supplies in UNICEF warehouse	Total Value of Contingency Stock
Child Protection	196,550	30,000	0	20,163	16,122	0
Cross Sectoral	710,532	1,364,867	0	507,702	214,266	68,500
In country logistics	17,700	240,000	568,162	108,117	649,802	0
Education	0	0	683,023	701,954	2,364,335	0
Global Fund	7,276,743	0	4,503,137	3,379,737	8,107,629	0
Health	9,861,409	231,004	1,195,227	2,502,103	4,020,740	0
Nutrition	7,355,316	822,460	1,004,315	1,173,881	2,070,978	0
WASH	4,126,279	30,000	0	20,163	16,122	0
<b>Grand Total</b>		<b>32,215,160.33</b>	<b>7,953,864</b>	<b>8,393,657</b>	<b>17,443,872</b>	<b>68,500</b>

<sup>8</sup> 'Delivered' defined as goods having left the UNICEF warehouse – does not include items delivered directly to partners.